

Chronic Disease Risk Reduction Application Process

January 29, 2016

Our Mission: To protect and improve the health and environment of all Kansans.



Top 7 Things To Know About Catalyst for This New Grant Year

1. Contact your CHS with any new users
2. Section A & B will be not need to be completed
3. Section D data will be carried over from past applications
4. Other work plans are still available
5. Opt out of work plans you will not complete
6. Make sure you are ready before submission
7. If you have a question, call your friendly neighborhood CHS

Budget



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Application

- How much will it cost to implement the work plans?
- Include detailed justifications





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Access

- Determine who will enter budget
- Who will serve as the Fiscal Administrator?



Assign Fiscal Administrator



Carol Cramer

[Sign out](#)

[Change password](#)

[Edit profile](#)

[Preferences](#)

Organization Information

Note: Changes to the organization contact information will affect your organization's information throughout Catalyst.

Organization Name

Address1

Address2

City

State

Zip Code

County

Phone Number

Fax Number

FEIN/Tax Number

DUNS Number



Fiscal Administrator



Save

Budget Categories

- Salary/Personnel
{provide detailed description of staff responsibilities}
- Benefits
- Supplies
- Travel
- Subcontractors
- Paid Media
- Other

Match

Salary/Personnel

Category: Salary/Personnel-Direct

Type: Request

Description:

Enter a description for this budget line

Description is required.

Cost: e.g. 0.00

Cost is required.

Quantity: e.g. 0.00

Quantity is required.

Unit: %




Total: \$0.00 [Calculate](#)



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Subcontractors

Category:	<input type="text" value="Subcontractors"/>	
Type:	<input type="text" value="Request"/>	
Description:	<input type="text" value="Enter a description for this budget line"/>	Description is required.
Cost:	<input type="text" value="e.g. 0.00"/>	Cost is required.
Quantity:	<input type="text" value="e.g. 0.00"/>	Quantity is required.
Unit:	<input type="text" value="#"/>	
Total:	\$0.00 Calculate	

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Paid Media

Category:

Paid Media

Type:

Request

Description:

Enter a description for this budget line

Description is required.

Cost:

e.g. 0.00

Cost is required.

Quantity:

e.g. 0.00

Quantity is required.

Unit:

#



Total:

\$0.00 [Calculate](#)



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Budget Categories

- Salary/Personnel
{provide detailed description of staff responsibilities}
- Benefits
- Supplies
- Travel
- Subcontractors
- Paid Media
- Other

Match

Salary Worksheet

Please complete salary spreadsheet & enter information in blank fields. Brown shaded fields will automatically populate based on information entered.

Chronic Disease Risk Reduction Salary Worksheet

Local Agency Name:

	Employee Name	Position Title	Hours Worked Per Week	Percent of Time Spent on Grant per Week	Total Hours Worked Per Week	Total Salary	CDRR Total Funded Salary	Percent of grant time allocated to Tobacco Use Prevention	Percent of grant time allocated to Physical Activity & Nutrition	Percent of grant time allocated to Chronic Disease Self-Management
Example	Jane Doe	Coordinator	40	50%	20	\$50,000.00	\$25,000.00	50%	40%	10%
								\$12,500.00	\$10,000.00	\$2,500.00
1			0	0%	0	\$0.00	\$0.00	0%	0%	0%
								\$0.00	\$0.00	\$0.00
2			0	0%	0	\$0.00	\$0.00	0%	0%	0%
								\$0.00	\$0.00	\$0.00
3			0	0%	0	\$0.00	\$0.00	0%	0%	0%
								\$0.00	\$0.00	\$0.00
4			0	0%	0	\$0.00	\$0.00	0%	0%	0%
								\$0.00	\$0.00	\$0.00
5			0	0%	0	\$0.00	\$0.00	0%	0%	0%
								\$0.00	\$0.00	\$0.00
6			0	0%	0	\$0.00	\$0.00	0%	0%	0%
								\$0.00	\$0.00	\$0.00
7			0	0%	0	\$0.00	\$0.00	0%	0%	0%
								\$0.00	\$0.00	\$0.00
8			0	0%	0	\$0.00	\$0.00	0%	0%	0%
								\$0.00	\$0.00	\$0.00
9			0	0%	0	\$0.00	\$0.00	0%	0%	0%
								\$0.00	\$0.00	\$0.00
10			0	0%	0	\$0.00	\$0.00	0%	0%	0%
								\$0.00	\$0.00	\$0.00
Salary Totals								\$0.00	\$0.00	\$0.00

Employee Name	Position Title	Hours Worked Per Week	Percent of Time Spent on Grant per Week	Total Hours Worked Per Week	Total Salary
<i>John Smith</i>	<i>Manager</i>	20	50%	10	\$0.00
		0	0%	0	\$0.00

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Hours Worked Per Week	Percent of Time Spent on Grant per Week	Total Hours Worked Per Week	Total Salary	CDRR Total Funded Salary
20	50%	10	\$50,000.00	\$25,000.00
0	0%	0	\$0.00	\$0.00

Hours Worked Per Week	Percent of Time Spent on Grant per Week	Total Hours Worked Per Week	Total Salary	CDRR Total Funded Salary	Percent of grant time allocated to Tobacco Use Prevention	Percent of grant time allocated to Physical Activity & Nutrition	Percent of grant time allocated to Chronic Disease Self-Management
20	50%	10	\$50,000.00	\$25,000.00	50%	25%	25%
					\$12,500.00	\$6,250.00	\$6,250.00
0	0%	0	\$0.00	\$0.00	0%	0%	0%
					\$0.00	\$0.00	\$0.00

Question?



www.kdheks.gov

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